

MDR Tracking Number: M5-04-2720-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 04-26-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. The IRO reviewed prescriptions for Neurontin, Effexor and Methocarbamol for date of service 01-23-04. The IRO concluded that the Neurontin was medically necessary. The IRO concluded that the Effexor and Methocarbamol were not medically necessary.

On this basis, the total amount recommended for reimbursement (\$62.50) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$62.50 to the requestor within 20 days of receipt of this order. This Decision is applicable for date of service 01-23-04 in this dispute.

This Findings and Decision and Order are hereby issued this 21st day of July 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-2720-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents

utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1989. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ when she was lifting a box of merchandise and she had a sudden onset of lower back pain with pain radiating down both lower extremities. The patient underwent a discogram that revealed discordant back pain with fissuring. The patient was treated with physical therapy and medications.

Requested Service(s)

Effexor 150mg – quantity 90, Neurotin 300mg – quantity 360, and Methocarbamol 750mg - quantity 360 prescribed and billed on 01/23/04

Decision

It is determined that the Neurotin 300mg – quantity 360 prescribed and billed on 01/23/04 was medically necessary to treat this patient's condition. However, the Effexor 150mg – quantity 90 and the Methocarbamol 750mg - quantity 360 were not medically necessary.

Rationale/Basis for Decision

The medical record documentation indicates the medical necessity for the Neurotin. Although the discogram caused discordant low back pain, there was a large annular tear with dye leakage into the epidural space. Even though the injection did not replicate leg pain, the epidural contrast indicates that the intra-nuclear chemicals also have access to the epidural space and can cause a chemical radiculopathy and coincide with her complaints of left lower extremity pain.

The medical record documentation does not indicate the medical necessity for the use of Methocarbamol. Physical examinations do not find any spasms. In addition, long term use of anti-spasmodics are ineffective unless they are central acting agents, which this medication is not.

The medical record documentation does not indicate the medical necessity for Effexor. The on physician mentioned depression and he administered a Brief Symptom Inventory 18 on 11/24/03 and 03/04/03 with the following scores: Somatization = 61 on 11/24/03 and 68 on 03/04/04; Depression = 40 on 11/24/03 and 45 on 03/04/04; Anxiety = 50 on 11/24/03 and 55 on 03/04/04 and GSI = 50 on 11/24/03 and 58 on 03/04/04. Neither depression score is elevated to indicate the necessity for prescribing Effexor.

Sincerely,

Attachment